## **DEPARTMENT OF SOCIAL SERVICES**

| Licensee                         |             |             |    | Exception |         | Exempt |
|----------------------------------|-------------|-------------|----|-----------|---------|--------|
| Name of Facility                 |             |             |    |           | Granted |        |
| License/Facility No.             |             |             |    |           | Denied  |        |
| Address                          |             |             |    |           |         |        |
| City, State, Zip Code            | )           |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
| SUBJECT: Exce                    | otion/Exemp | tion Reques | st |           |         |        |
| SUBJECT: Exce  Discussion and/or |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |
|                                  |             |             |    |           |         |        |

Authorized Signature